

File Review Request Form

Today's Date:			
Your Company Name:			
Telephone:			
Contact Person:			
Requested Date:	(Please check the MassDEP website to find the appropriate region and appointment information: http://mass.gov/dep/about/region/schedule.htm		
Town	File Address	File Name	File Number/RTN
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please fax this form to your Regional Service Center as listed below.

Refer to your MassDEP Regional Office file review procedures, available review days and time online at: <http://mass.gov/dep/about/region/schedule.htm> or call your regional service center:

Northeast, Wilmington:	phone 978-694-3320 fax 978-694-3497
Western, Springfield:	phone 413-784-1100 fax 413-784-1149
Southeast, Lakeville:	phone 508-946-2718 fax 508-946-2865
Southeast, Hyannis:	phone 508-771-6034 fax 508-771-6155
Central, Worcester:	phone 508-767-2884 fax 508-792-7621

Find your region: <http://mass.gov/dep/about/region/findyour.htm>

